

**SAFE DELIVERY OF NEWBORNS  
TRACKING INFORMATION**  
Michigan Department of Human Services

**CIRCUMSTANCES OF SURRENDER**

Date of Surrender	City Where Surrendered	County Where Surrendered
Surrendered to: <input type="checkbox"/> Hospital <input type="checkbox"/> Police <input type="checkbox"/> Fire		
Name and Address of ESP above		
Newborn Transported to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	Newborn Delivered at Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Private Agency Contacted		
Address of Agency	Telephone	
Contact Person		

**CHILD INFORMATION**

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race
Health Status		

**PARENT INFORMATION**

Mother Identified <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Date of Birth/Age	Medical History Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Release <input type="checkbox"/> Yes <input type="checkbox"/> No
Father Identified <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Date of Birth/Age	Medical History Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Release <input type="checkbox"/> Yes <input type="checkbox"/> No

**LEGAL**

County of Family Court Petition Filed In	Date
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